DEPARTMENT OF SOCIAL SERVICES 744 P Street, Sacramento, CA 95814

November 16, 1981



ALL-COUNTY INFORMATION NOTICE I- 144-81

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: REDUCTION OF TITLE XX REPORTING REQUIREMENTS EFFECTIVE OCTOBER 1, 1981,

DUE TO IMPLEMENTATION OF THE TITLE XX BLOCK GRANT.

REFERENCE: DEPARTMENT OF SOCIAL SERVICES MANUAL OF POLICIES AND PROCEDURES,

SECTION 26-514.

Block grant funding of the Title XX Social Services Program became effective with the 1981-82 Federal Fiscal Year.

With the implementation of block grant funding, the Title XX Social Services Reporting Requirement was significantly reduced.

Effective October 1, 1981 (beginning with the October-December report quarter), DSS is implementing a temporary reporting system to collect minimum data until a comprehensive evaluation of data needs is completed.

In this temporary system, the SOC 242 has been modified to require only the Title page and Form 2A.

Form 2A has been modified to require the following:

Report only the mandated services listed below:

Protective Services to Children (including 24-Hour Emergency Response)
Protective Services for Adults
Out-of-Home Care Services for Children
Out-of-Home Care for Adults
In-Home Supportive Services

Refer to attachment.

 Report in each column on line 10, the total count for <u>all</u> the types of optional services provided for each category. 3. Report the Information and Referral Services count (formerly reported on Form 3A) on line 23. Only one count in the "total" column is required.

SOC 242 Forms 1, 2B, 3A, 3B, 5, and 7 and the Edit Guide are discontinued. Thus, the revised SOC 242 quarterly report will consist of: (1) the Title Page; and (2) Form 2A showing the mandated services provided, one line for all optional services, and one line to report the I&R count.

It is anticipated that a revised Social Services Reporting System will be developed by July 1, 1982, to replace this temporary reporting system.

If there are any questions relating to the temporary reporting instructions, please contact Kip Steely at (916) 323-2330.

Sincerely,

Deputy Director

Administration Division

Attachments

State of California, Health and Walfare Agency

Name of County

FORM 2A

SOCIAL SERVICES PROVIDED TO PRIMARY RECIPIENTS

Statistical Service Statistical Service Period Ending Check One Mo.

	•		TITLE	××			F	TITLE XX SSI	·			TITL	TITLE XX	
SOCIAL SERVICES	TOTAL	AFI	AFDC	INCOME	ELIGIBLE	AGED	BLIND	٩	DISABLED	LED	INCOME ELIGIBLE		WITHOUT REGARD T INCOME (PROTECTIO	REGARD T ROTECTIO
		No. Adult Recipients	No. Child Recipients	No. Adult Recipients	No. Child Recipients	No. of Recipients	No. Adult Recipients	No. Child Recipients	No. Adult Recipients	No. Child Recipients	No. Adult Recipients F	No. Child Recipients		No. Child Recipient
TOTAL 00														-
Protective Services for Children, 01												**************************************		
Protective Services for Adults 02														
Out;of-Home Care for Children . 03														
are for Adults				ŀ										
Child Day Care											THE RESERVE AND A STREET OF THE STREET OF TH			
					- And a state of the state of t			The second second second			The state of the s			
OPTIONAL SERVICES					**************************************									
Special Care for Children III			200 CO.										t de la constante de la consta	
Then (but blume												100		
d Orher				The state of the s									W. Carlotte	200
	ALTERNATION OF THE PROPERTY OF									The same of the sa			The state of the s	
56.716.05	Participation of relative section of the section of							The section of the second section of the s	est metalentamente de la companya dela companya del companya de la	SO CHEST AND STREET			and the second s	Control of the Contro
Employment Education	ALCOHOL STATE OF THE STATE OF T													
Training				Ship after the second					-					
Services to Children with Special														
Profession 13	A COLUMN TO THE PARTY OF THE PA	- Control of the Cont		White the second							The second secon	A CONTRACTOR OF THE PARTY OF TH	Committee (State of Association Committee of	Participation of the second se
y Prevent														
Family Problems 14				The state of the s		e de la companya de l		A CONTRACTOR OF THE PERSON OF		and the second second second second	***************************************			And the second s
Sustanding.	The second secon													And the Control of th
Housing Referral Services 15				Participant of the Participant o										
Legal Malerial Services.	SSNC(U)SCHOOL STREET,	A Company of the Comp						A CONTRACTOR OF THE PARTY OF TH		Security of the Control of the Contr	S. Longeron Co. Co. Co. Co.	The state of the s	A STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN	The Company of the Control
Diegnastic Treatment Services		And the second s												
						N. TOPOGRAPHICA								***************************************
										The second secon				
Services for Adults							THE PERSONNEL PROPERTY.	5.4503565500000000000000000000000000000000	THE STREET	THE RESERVE AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE	And the second s			
Services to Disabled Individuals.				The second secon										
											en e			
REFERRAL23												Ţ.		

AS mio i

SOCIAL SERVICES PROVIDED TO PRIMARY RECIPIENTS

Report each type of mandatory or optional Title XX Social Service provided at any time during the report period. The type of service may have been received either directly by the Primary Recipient, or it may have been provided to another individual on behalf of the Primary Recipient.

If a Primary Recipient changed reporting categories (within Title XX) during the report period, report all services under the reporting category in effect on the last day of the report period, even if some services were provided while the primary recipient was under a different Title XX reporting category.

If during the report period a Primary Recipient received (1) Employment Services, (2) Family Planning Services, and (3) Health Related Services, count this individual three times on this form; once under each type of service he or she received during the report period (i.e., Form 2A actually calls for a count of types of services received by Primary Recipients or by other individuals on their behalf).

If an AFDC recipient mother received Employment Services, Health-Related Services, and had three children, each of whom received a different kind of child day care service on her behalf, report this case on Form 2A under the AFDC reporting category; once for Employment Services, once for Health-Related Services, and once for Child Day Care Services were provided to the three children on behalf of the AFDC mother who is the Primary Recipient. The unit of count is the Primary Recipient.

Do Not report the incidence count of Information and Referral Services by reporting category on this form. When an Information and Referral Service is provided to a Primary Recipient and the referral is for a Title XX service contained in the county social service plan, report the service to which referred. If the referral is for a service not contained in the county plan include the referral in the incidence count of Information and Referral on Form 3A.

If a Primary Recipient received services during the report period under two programs (i.e., Title XX and Title IV-C), report all Title XX services received on Form 2A and all Title IV services received on Form 2B. Such recipients will thus appear on both Forms 2A and 2B.

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814 (916) 445-2174



November 13, 1981

ALL-COUNTY INFORMATION NOTICE I-143-81

TO: ALL-COUNTY WELFARE DIRECTORS

SUBJECT: TITLE XX BLOCK GRANT SURVEY

REFERENCE: ACIN I-133-81, 10/16/81; ACL 81-107, 10/20/81

The purpose of this notice is to provide you with a summary of social services-related legislative activity to date, and to request your assistance in providing the Department with an assessment of the local-level impact of the Social Services Block Grant Program.

Enactment of the Federal Omnibus Reconciliation Act of 1981 (P.L. 97-35) on August 13, 1981 resulted in the provision of Title XX Social Services funding under a block grant concept which required states to pass enabling legislation to accept and administer grants. On October 2, 1981 AB 2185 (Vasconcellos) was adopted and provided for state assumption of administrative responsibility for the Social Services and Low-Income Home Energy Assistance block grants for State Fiscal Year 1981-82.

The provisions of AB 2185 do not become effective until January 1, 1982; however, the funding reductions of the Social Services Block Grant became a reality on October 1, 1981. Therefore, the Department of Social Services advanced a number of proposals that were designed to minimize the impact of the funding reductions in the social services area.

Initially, the Department's efforts were focused on implementing the changes required by the block grant through the legislative process by proposing amendments to AB 799 (Lockyer). However, as you may be aware, this piece of legislation was not enrolled prior to the Legislature's adjournment.

Accordingly, faced with the prospect of the rapid exhaustion of remaining social services funds, the Department had no alternative other than immediate administrative action to: 1) implement emergency regulations designed to establish service program priorities; and 2) develop and release social services allocations which reflected the realities of reduced federal funding.

The recent recall of the Legislature for special session to resolve pressing matters related to public assistance and services underscores the need for updated program impact information in the area of social services. Therefore, the Department must be prepared to provide an accurate analysis of what the effects of these services—related policy changes have been on the actual delivery of social services at the local level. This information will be essential in the determination of state resource allocations for social services now and in the future. Therefore, I am requesting your help in providing a critical review of the effects of the Block Grant Program in your county by completing and returning the attached survey form by December 4, 1981.

I feel that it is imperative that your county participate in this survey so that our report to the Legislature is a complete and accurate portrayal of the impact at the local level.

Please return your survey form no later than December 4, 1981 to:

State of California Department of Social Services Social Services Planning Branch, M/S 5-135 744 P Street Sacramento, CA 95814

Questions related to the survey form may be directed to William Anderson at (916) 445-2174.

Sincerely.

JAMES H. GOMEZ

Deputy Director

Attachment

cc: CWDA

The purpose of this survey is to obtain your assistance in providing the Legislature with an assessment of the impact of the Social Services Block Grant Program. This information will be essential in the determination of state resource allocations for social services now and in the immediate future. The survey is an attempt to measure the results of the reduction in funding, All-County Letter (ACL) 81-107, and the recent changes in Title XX social services which reduced mandated programs from ten to six, All-County Information Notice (ACIN) 1-133-81.

The survey is organized into three sections:

Section I: Program Specific Related to the Six Mandated
Title XX Programs.
Questions in this Section are designed to
measure the program impact of reduced funding
on staffing, caseload and service activities.

Section II: Program Specific Related to the Four Repealed Title XX Programs.

Questions in this Section are designed to determine the number of clients affected by elimination of the programs and the availability of alternative resources.

Section III: Optional Programs.

Questions in this Section are designed to measure the program impact of reduced funding on staffing and caseload. This Section also asks if optional programs or their service activities are to be reduced or eliminated.

Section IV: General Title XX Questions.

Questions in this Section are designed to measure the program impact of reduced funding and program changes on staffing patterns, contracting for services and claiming. This Section also provides an opportunity to present other methods you have used, or plan to use, to address reduced funding and program changes.

It is important that we receive complete information in each of these areas to prepare an accurate analysis of the changes in the delivery of social services at the local level.

Please complete and return the survey by December 4, 1981 to:

Department of Social Services Social Services Planning Branch 744 P Street, M.S. 5-135 Sacramento, CA 95814

Questions concerning this survey may be directed to William B. Anderson at (916) 445-2174.

County	99999999999999999999999999999999999999
Date	Long-Bir - China Market (1998) (1998) (1999)

	Protective	Services for Chile	iren			
Α.	Staffing	e e e e e e e e e e e e e e e e e e e				
1.	How many full time equivalent soci included in your budget for 1981-8	ial workers were 82?				
2.	How many of those positions will be result of ACL 81-107 and ACIN 1-13	pe eliminated as a 33-81?			er vandlich der vandelige deuer 14 Myr Western gegennig sein	
3.	Has any staff from this program be If yes, indicate where.	een redirected?			Yes	_ No
						wale sale Profile writer) de
В.	Caseload	and an experience was the field of the experience of the experienc	rearrangin (ABC), Mintel (ABC), ABC (ABC), ABC), ABC (ABC), ABC (ABC), ABC (ABC), ABC), ABC (ABC), ABC (ABC), ABC (ABC), ABC (ABC), ABC (ABC), ABC), ABC (ABC), ABC), ABC (ABC), ABC), ABC (ABC), ABC (ABC), ABC), ABC (ABC), ABC (ABC), ABC), ABC (ABC), ABC (ABC), ABC (ABC), ABC), ABC (ABC), ABC (ABC), ABC), ABC (ABC), ABC), ABC (ABC), ABC (ABC), ABC), ABC (ABC), ABC (ABC), ABC (ABC), ABC), ABC (ABC), ABC (ABC), ABC), ABC (ABC), ABC (ABC),	and the second s	umana y armanyezikani wa nafare ya mana a ka makara da ka	Market Market New Green
l.	What was the average social worker receipt of ACL 81-107 and ACIN 1-				No considerabilities de la Companya de la Serie de Serie de la Ser	LUTINO & SPECIAL MA
2 .	What is the current or projected a worker caseload?	average social			Makana manahakan da Papaya da Adama ya Adama	a salestanda antico a
С.	Service Activities		·			
ì.	Were any specific services and/or eliminated as a result of ACL 81-If yes, list activities.	social worker act	ivities 3-81?		Yes_	No.
						The state of the s
2.	Were any specific services and/or modified as a result of ACL 81-10 If yes, list activities.	r activities reduc	ed or 31?		Yes	No.
Per	son completing form	Phone		Date	384A-19 (American Inc.)	

State of California	3
IMPACT OF REDUCED	SOCIAL
SERVICE ALLOCATION	5 FOR
COUNTIES	

,	
County	
Date	

AAAA SII SII SII SII SII SII SAA				
	Out-of-Home	Care Services for Chi	ldren	
Α.	Statting	The second secon		
1.	How many full time equivalent so included in your budget for 1981	cial workers were -82?		
2.	How many of those positions will result of ACL 81-107 and ACIN 1-	be eliminated as a 133-81?	e.	
3.	Has any staff from this program If yes, indicate where.	been redirected?		Yes No
AARIGEGGE LANGUMENT				
В.	Caseload			
1.	What was the average social work receipt of ACL 81-107 and ACIN	ker caseload prior to 1-133-81?		
2.	What is the current or projected worker caseload?	d average social		
С.	Service Activities			
is and a	Were any specific services and/ climinated as a result of ACL & If yes, list activities.	or social worker acti BI-107 and ACIN 1-133	vities -81?	Yes No
				
+				
2.	Were any specific services and modified as a result of ACL 81. If yes, list activities.	or activities reduce- 107 and ACIN 1-133-8	i or 1?	Yes No
,,				
				
Pe	son completing form	Phone	Date	

County	All Marriage (All Committee of the Commi
Date	

	In-Home Sc	apportive Services			
Α.	Staffing			and the second s	
1.	How many full time equivalent social included in your budget for 1981-82				
2.	How many of those positions will be result of ACL 81-107 and ACIN 1-133				
3.	Has any staff from this program been If yes, indicate where.	redirected?		Yes	, yo
			والمستعدد	n all Greek Laine (1944) againm blion i daine an daire (1874 - 1870) Ph	artin of the orbitance
В.	Caseload				
1.	What was the average social worker or receipt of ACL 81-107 and ACIN 1-133			men menghi (M. Affiches apares per 17 vive de la comunita de la co	lete versamlie
2.	What is the current or projected aveworker caseload?	erage social			
C.	Service Activities				
1.	Were any specific services and/or seliminated as a result of ACL 81-10 If yes, list activities.			Yes	_ No
2.	Were any specific services and/or a modified as a result of ACL 81-107 If yes, list activities.			Yes	No

Per	son completing form	Phone	Date		Ì

State	of C	alif	orní	æ.
IMPACT	OF	REDU	CED	SOCIAL
SERVIC	is al	JOCA'	TION	S FOR
CONTRACTO	T-12			

	County
-	
	Date

COUNT	A EST				
	Informati	on and Referral			
A. St	affing	The second secon			
Ž	. How many full time equivalent budget for initially in 1981-		İ		- 1
2	. How many of those positions we result of ACL 81-107 and ACIN			1	
3	. Has any staff from this progr If yes, indicate where.	am been redirected?		Yes	_ No
B . I	ncidence Count				
<u>l</u>	. Since the receipt of ACL 81-1 has the I & R incidence count				
	a. Increased? If yes, by what percentag	e?		Yes	_ No
	b. Decreased? If yes, by what percentag	e?		Yes	_ No
	c. Remained the same?			Yes	_ No
C. S	ervice Activicies				
t est	. Were any service activities e of ACL 81-107 and ACIN 1-133- If yes, list activities.			Yes	_ No
ar ven					
2	. Were any service activities r of ACL 81-107 and ACIN 1-133- If yes, list activities.			Yes	_ No
and the second s	n completing form	Phone	Date		

County	 	
Date		S

	Family Planning				
Α. ,	Staffing				
1.	. How many full time equivalent social workers were included in your budget for 1981-82?				
2.	. How many of those positions will be eliminated as a result of ACL 81-107 and ACIN 1-133-81?				
3.	Has any staff from this program been If yes, indicate where.	redirected?	Yes No		
В.	Caseload				
1.	What was the total caseload prior to ACL 81-107 and ACIN 1-133-81?	receipt of	The second control of		
2.	Were any clients referred to another CWD program as a result of ACL 81-107 and ACIN 1-133-81? If yes, indicate number and program.				

3.	How many clients were referred to com	munity resources?			
	·				
Per	son completing form	Phone	Date		

s er	te of California ACT OF REDUCED SOCIAL VICE ALLOCATIONS FOR INTIES	County		
· · · · · · · · · · · · · · · · · · ·	Health Related Services			
Α.	Staffing			
*	How many full time equivalent social workers were included in your budget for 1981-82?		ama ma a amanga dyang dilikan dibilan di kabi-md	
2.	How many of those positions will be eliminated as a result of ACL 81-107 and ACIN 1-133-81?		World Street Water Street Street Street	- Andrews
3.	Has any staff from this program been redirected? If yes, indicate where.		Yes	_ No
		nd armony and the Company of the Com	gg) mang at i selaman sasawah kan di Piribus di melali	W To Walker wheel
	·		ander die voor heeft de versche bevoor de versche de versche de versche de versche van de versch	
В.	Caselosd			
1.	What was the total caseload prior to receipt of ACL 81-107 and ACIN 1-133-81?		yaniliyaha adamahayanayan ahaladdanka dara a 1861 ka d	Photoderical Compression representation
2.	Were any clients referred to another CWD program as a result of ACL 81-107 and ACIN 1-133-81? If yes, indicate number and program.		Yes	_ No
		ngiyyalmildar radifiriadar yaylaya qoyan, uQamildara eqiradalar eta reter ayra badii qora	AND PRINCIPLY SPRING A SECURITY OF THE SECURIT	

Phone

Date

3. How many clients were referred to community resources?

Person completing form

County	
Date	a — normaniško, pir škirovi Wirkski Aššiva

	Out-of-Home Ca	re Services for Adults		
Α.	Staffing			AND PARTY OF THE P
1.	How many full time equivalent social included in your budget for 1981-82?	workers were		
2.	How many of those positions will be result of ACL 81-107 and ACIN 1-133-	eliminated as a 81?		
3.	Has any staff from this program beer If yes, indicate where.	redirected?		Yes No
			the property and the state of t	ويود دول به المراد المنافقة والمنافقة والمنافقة والمنافقة والمنافقة والمنافقة والمنافقة والمنافقة والمنافقة وا
В.	Caseload			
1.	What was the average social worker of receipt of ACL 81-107 and ACIN 1-133	caseload <u>prior</u> to 3-81?		
2.	What is the current or projected ave worker caseload?	erage social		Northwest Country (North Spirite Country Count
C.	Service Activities			
1 .	Were any specific services and/or seliminated as a result of ACL 81-16 If yes, list activities.	ocial worker activities 77 and ACIN 1-133-81?		Yes No
 .			·	
-				
2.	Were any specific services and/or a modified as a result of ACL 81-107 If yes, list activities.	activities reduced or and ACIN 1-133-81?		Yes No
m consider-				
	>		5 de 1900 de 1	
Pe	son completing form	Phone	Date	ويوسون والمساورة

County State of California TMPACT OF REDUCED SOCIAL Date SERVICE ALLOCATIONS FOR COUNTIES Protective Services for Adults A. Staffing 1. How many full time equivalent social workers were included in your budget for 1981-82? 2. How many of those positions will be eliminated as a result of ACL 81-107 and ACIN 1-133-81? __ Yes __ No 3. Has any staff from this program been redirected? If yes, indicate where. B. Caseload 1. What was the average social worker caseload prior to receipt of ACL 81-107 and ACIN 1-133-81? 2. What is the current or projected average social worker caseload? C. Service Activities

1. Were any specific services and/or social worker activities
eliminated as a result of ACL 81-107 and ACIN 1-133-81?

If yes, list activities.

2. Were any specific services and/or activities reduced or modified as a result of ACL 81-107 and ACIN 1-133-81?

If yes, list activities.

Person completing form

Phone

Date

		•	
ime sef	te of California PACT OF REDUCED SOCIAL EVICE ALLOCATIONS FOR INTIES	County	
	Employment Related Services		
A.	Staffing		
Ĺ.	How many full time equivalent social workers were included in your budget for 1981-82?		
2.	How many of those positions will be eliminated as a result of ACL 81-107 and ACIN 1-133-81?		
3.	Has any staff from this program been redirected? If yes, indicate where.	•	Yes No
Ba	Caseload	energy (en s de mande de déclarage entre de la comme de la Final Philippe	
1.	What was the total caseload prior to receipt of ACL 81-107 and ACIN 1-133-81?		And the state of t
2.	Were any clients referred to another CWD program as a result of ACL 81-107 and ACIN 1-133-81? If yes, indicate number and program.		Yes No
			- Andrew Commence of the Comme
3.	How many clients were referred to community resources?		
			-
			·

Person completing form	Phone	Date

County	 	
Date	 	

	Child Day Care Ca	se Management Services		
Α.	Staffing	·		
1.	How many full time equivalent social included in your budget for 1981-82?			
2 "	How many of those positions will be result of ACL 81-107 and ACIN 1-133-		-	advison (EV MAY SEET TO SEET TO SEE THAT THE SECOND
*	Has any staff from this program been If yes, indicate where.	redirected?		Yes No
managenia recilien Au b				
В.	Caseicad			
ì.	What was the total caseload prior to ACL 81-107 and ACIN 1-133-81?	receipt of	•	
2.	Were any clients referred to another CWD program as a result of ACL 81-107 and ACIN 1-133-81? If yes, indicate number and program.			_ Yes No
- 10/JV L. 1 L.				arnalitronaum, n. emperma velse i del làtela — n. monte essence entre entre
3,	How many clients were referred to con	nmunity resources?		,
		· ·		
				·
Fer	son completing form	Phone	Date	- Marie Marie - Marie Marie and America

State of California
IMPACT OF REDUCED SOCIAL
SERVICE ALLOCATIONS FOR
COUNTIES

1	County	TOTAL STREET,
	Date	THE PERSON NAMED IN

		Optional Programs	
Α.	Staffing		
, .	How man	y full time equivalent social workers did you for initially in 1981-82?	
2.	How man	y of those positions were eliminated as a of ACL 81-107 and ACIN 1-133-81?	
3.	Has any If yes,	staff been redirected? indicate where.	Yes No
			med of the suppose of the suppose to
В.	Caselo:	ad .	
	1. Who	et was the average social worker caseload <u>prior</u> receipt of ACL 81-107 and ACIN 1-133-81?	
c.	Progra	n	
	l. Si ha	nce the receipt of ACL 81-107 and ACIN 1-133-81, ve you or do you intend to:	
	a.	Reduce or eliminate the number of optional programs available?	Yes No
		1. If yes, identify by program.	N/A
			and the second s
			ng diantah dianggan ng pangkandah (150 king sprampala) dianggan pangkandah silain EE (150 king sprampala) dian Tangkan pangkan pangka
		2. Indicate those that do not have alternative community resources.	
4.00			and Linkspelland in Europe (1) Street Advisoration in 1974. Management and Advisoration in 1974 and 19
			atel 10 mg s garana damah dan sebagai ang pangganang (panda bahan karangan paggapanag panggan panggab banas

3. Indicate how many recipients will lose

	services by program.	services by program.				
		۵				
		·				
	4. Which, if any, will you re	tain?				
,						
,						
b.	Reduce the service activities optional programs?	in the remaining	Yes No			
	 If yes, identify on a prog basis the reduced activiti 	ram by program es in each.				
	2. Indicate those that do not	have alternative				
	community resources.					
	3. Indicate how many recipies	nts will lose				
	services by program.					
			T vs.			
Person com	plating form	Phone	Date			
	mmemment vid 1910 (Method Schrift (Schrift (Schr		E C			

County	 	
Date	 	

	Gener	al	
	nce the receipt of ACL 81-107 and AC ve you or do you intend to:	IN 1-133-81	·
1	Terminate full time equivalent soc	ial service staff?	Yes No
	a. If yes, identify number as fol	lows:	·
	Program Delivery		
	SW I		
	SW II	and the second s	
	SW III		
	SW IV		
	Program Administration		
	(supervisory, managerial,		
	budget & fiscal staff)		
	Program Support		
	(clerical & related)		
2.	Demote full time equivalent social	service staff?	Yes No
	a. If yes, identify number as fol	lows:	
	Program Delivery		
	SW I		
	MARIETY AND AND	The first of the control of the cont	
	SW II		
	SW III	- relativishing to the production of the production - the	
	SW III		
	SW IV		
	SW III SW IV Program Administration		
	SW III SW IV Program Administration (supervisory, managerial,		,
	SW III SW IV Program Administration (supervisory, managerial, budget & fiscal staff)		
3.	SW III SW IV Program Administration (supervisory, managerial, budget & fiscal staff) Program Support (clerical & related) Do you plan to reduce full time eq		,
3.	SW III SW IV Program Administration (supervisory, managerial, budget & fiscal staff) Program Support (clerical & related) Do you plan to reduce full time eq staff by other than lay-off? (e.g		,
3.	SW III SW IV Program Administration (supervisory, managerial, budget & fiscal staff) Program Support (clerical & related) Do you plan to reduce full time eq		Yos No
3.	SW III SW IV Program Administration (supervisory, managerial, budget & fiscal staff) Program Support (clerical & related) Do you plan to reduce full time eq staff by other than lay-off? (e.g		ves No
3.	SW III SW IV Program Administration (supervisory, managerial, budget & fiscal staff) Program Support (clerical & related) Do you plan to reduce full time eq staff by other than lay-off? (e.g		Yes No

	4.	Move any social worker staff to eligibility staff?	
		a. If yes, how many?	
		b. In what time frame?	
		c. Will this increase eligibility worker staff?	Yes No
		d. Will this affect average salary of remaining social workers?	Yes No
		1. If yes, by what percentage?	
		e. Will this affect average salary of remaining eligibility workers?	Yes No
		1. If yes, by what percentage?	
	5.	Over-match social service expenditures beyond your allocation as an alternative to lay-offs?	Yes No
		a. If yes, indicate amount.	
	6.	Reduce the salaries of full time equivalent social worker staff instead of lay-offs?	Yes No
		a. If yes, by what percentage?	
		b. Effective date?	
	7,	Increase contracting with private providers?	Yes No
		a. If yes, identify programs and/or functions within programs.	
В,	At Source	all the time charged to In-Home Supportive Services on Line G of revised Social Worker Time Study - DFA 46/47 (Line C-8 of the soleted Time Study form) what percent would you estimate is associated:	ed
	port.	Assessment Activity (initial assessment, six-month reassessment, and other "Unscheduled assessments" - including travel time, home visits and documentation)?	
	2.	Six-month reassessments only (again include travel time, home visits and documentation)?	

	3. Service Arrangement		And the second s
	4. Other Activities charged to this	line:	
C.	If you have chosen activities that adand the funds available that are not describe these activities and your re-	covered by this dreaming	treath and the formation
			9 1. 63.6.
D.	Are there other significant impacts to questionnaire? If so, please explain	o your county not covere	d by this
			•
Ξ.	Has the elimination of some service nor negative) on programs that continu	mandates and/or options be ne to be mandated? If ye	nad an impact (positive es, describe effects.
			•
·		Tai	State a
Per	son completing form	Phone	Date